

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/538,424-Conf. #1724
	Filing Date	June 10, 2005
	First Named Inventor	Philip Jessup
	Title	NO CONTACT SPRAY APPARATUS CLEANING DEVICE
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	IDS-10102/04

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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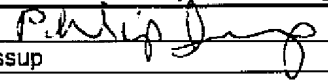
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	DEC 13 2006
Name	Philip Jessup	Telephone	705-768-7333
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

PTO/SB/A1 (01-08)

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<input checked="" type="checkbox"/>	Practitioners associated with the Customer Number:	25006
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SIGNATURE of Applicant or Assignee of Record

Signature	<i>James F. Doyle</i>	Date	<i>DEC 13/2006</i>
Name	James Doyle	Telephone	<i>705-766-7331</i>
Title and Company	Inventor		

NOTE: Signatures of all the inventor(s) or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **2** forms are submitted.